

Financial Summary of Medi-Cal Managed Care Plans Quarter Ending June 30, 2021

Prepared by: Office of Financial Review

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I. Overview

Medi-Cal, California's Medicaid program, provides high quality, accessible, and cost-effective health care through managed care delivery systems. There are two main Medi-Cal systems administered by the Department of Health Care Services (DHCS) for the delivery of medical services to Medi-Cal beneficiaries: fee-for-service Medi-Cal and Medi-Cal managed care (MCMC). Over two-thirds of Medi-Cal beneficiaries are enrolled in a MCMC plan. Approximately 11.8 million Medi-Cal beneficiaries in all 58 California counties receive their health care through six models of managed care: Two-Plan Model, County Organized Health Systems (COHS), Geographic Managed Care (GMC), Imperial Model, San Benito Model, and Regional Model.

Locally-sponsored plans, known as Local Initiatives (LIs), participate as MCMC plans under the Two-Plan Model, while COHS plans serve Medi-Cal enrollees under the COHS Model.¹ Both LI and COHS plans are local agencies established by county boards of supervisors to contract with the Medi-Cal program. Approximately 5.6 million and 2.2 million Medi-Cal beneficiaries are enrolled in LI and COHS plans, respectively.

In the two GMC counties, Sacramento and San Diego, DHCS contracts with several commercial plans to serve approximately 1.3 million Medi-Cal beneficiaries. There are about 430,000 Medi-Cal beneficiaries served under the Imperial, San Benito, and Regional Models combined. Medi-Cal providers who wish to provide services to the MCMC enrollees must participate in the managed care plan's provider network.

In addition to the MCMC plans, Non-Governmental Medi-Cal (NGM) plans serve 3.5 million Medi-Cal enrollees. NGM plans are plans that report greater than 50% Medi-Cal enrollment but are neither a LI nor a COHS. Because LI, COHS, and NGM plans serve primarily Medi-Cal enrollees, Medi-Cal enrollment increases and the rates provided by DHCS are primary driving factors for the financial performance of these plans.

This report includes enrollment and financial information reported by LI, COHS, and NGM plans as of the quarter ending June 30, 2021. This report also includes Medi-Cal enrollment information for Kaiser Foundation Health Plan Inc. (Kaiser Permanente) for comparison purposes. However, Kaiser Permanente's Medi-Cal enrollment was less than 50% of the plan's total enrollment, therefore, the Plan does not meet the definition of a NGM plan. Furthermore, the financial information the Department of Managed Health Care (DMHC) receives from Kaiser Permanente is for its entire book of business, rather

¹ Counties with the Two-Plan Model offer both a LI and a commercial Medi-Cal managed care plan. In counties using the COHS model, the COHS is the only Medi-Cal managed care plan available.

than by line of business. Therefore, financial information specific to its Medi-Cal lines of business is not available to the DMHC.

II. Summary of Findings

Key findings from this report include:

- Enrollment in Medi-Cal plans increased from March 2020 through June 2021. All Medi-Cal plans reported an increase in enrollment for the quarter ending June 2021.
- Most Medi-Cal plans reported a slight decrease in their medical expenses in the second quarter of 2021 compared to the first quarter of 2021. However, enrollment continue to increase from quarter to quarter for Medi-Cal plans. In the second half of 2020, all MCMC plans reported slight increases in their medical expenses due to an increase in members' utilization of services and enrollment. The increase in Medi-Cal enrollment was largely due to the suspension of the annual Medi-Cal redetermination requirement during the public health emergency.
- Most Medi-Cal plans reported net income in the first half of 2021 compared to the second half of 2020. The net income contributed to increases in the tangible net equity (TNE) reserves for the majority of the Medi-Cal plans.
- Both LI and COHS plans continue to report healthy TNE reserves. In comparison to NGM plans, LI and COHS plans generally maintain higher reserves to cover any needed capital expenditures or future economic downturns.
- NGM plans generally reported higher net income and lower TNE reserves than both LI and COHS plans. Several NGM plans pay dividends to their parent companies and/or shareholders thereby reducing reserve levels.

III. Local Initiative Health Plans (LI)

A. Highlights

- At present, 14 counties participate in the Two-Plan Model of Medi-Cal managed care. In 13 of these counties, DHCS contracts with both a commercial plan and a LI plan. In Tulare County, DHCS contracts with two commercial plans: Blue Cross of California Partnership Plan, Inc. and Health Net Community Solutions, Inc. The LIs must be licensed under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act), as codified in Health and Safety Code section 1340 et seq., for their Medi-Cal lines of business.
- Beneficiaries in the Two-Plan Model may choose which of the two plans to enroll in. Beneficiaries who do not make a selection are automatically assigned to a plan. DHCS uses an algorithm based on quality scores and use of safety net providers to make the assignments. Overall, there are nearly three times as many Medi-Cal beneficiaries enrolled in LI plans than in commercial plans in Two-Plan Model counties.²
- The LIs and the counties in which they provide services are as follows:
 - Alameda Alliance For Health (Alameda Alliance) - Alameda
 - Contra Costa County Medical Services (Contra Costa Health Plan) - Contra Costa
 - Fresno-Kings-Madera Regional Health Authority (CalViva Health) - Fresno, Kings, and Madera
 - Inland Empire Health Plan (IEHP) - Riverside and San Bernardino
 - Kern Health Systems - Kern
 - Local Initiative Health Authority for L.A. County (L.A. Care Health Plan) - Los Angeles
 - San Francisco Community Health Authority (San Francisco Health Plan) - San Francisco
 - San Joaquin County Health Commission (The Health Plan of San Joaquin) - San Joaquin and Stanislaus
 - Santa Clara County Health Authority (Santa Clara Family Health Plan) - Santa Clara

² <https://www.chcf.org/wp-content/uploads/2017/12/PDF-MonitoringPerformanceLocalVersusCommericalMediCalPlans.pdf>

- LI plans reported combined enrollment of almost 5.8 million enrollees as of June 2021. Approximately 5.6 million (97%) of the total LI enrollment were Medi-Cal beneficiaries. The remaining 3% of non-Medi-Cal LI enrollment includes other lines of business such as commercial (Individual), and In-Home Supportive Services (IHSS).
- Total LI plan Medi-Cal enrollment increased by 2.1% from March 2021 to June 2021.
- The medical expense ratio fluctuated from quarter to quarter. The medical expense ratio ranged from 83.79% to 102.51%
- The majority of LIs reported administrative cost ratio below 5%. The administrative cost ratio ranged from 1.42% to 9.16%
- LI plans reported net income of \$101 million in June 2021 compared to net income of \$209 million reported in March 2021, and net loss of \$41 million for the quarter ending December 31, 2020.
- LIs reported TNE that ranged from 517% to 779% of required TNE.
- LIs reported negative \$171 million in cash flow from operations in June 2021. This is a significant change from March 2021 when LIs reported a positive cash flow from operations of \$749 million. The variation in cash flow from operations is attributed to the timing of Medi-Cal premium revenue paid by DHCS and the Medi-Cal rate adjustments.

B. Enrollment Trends - LI

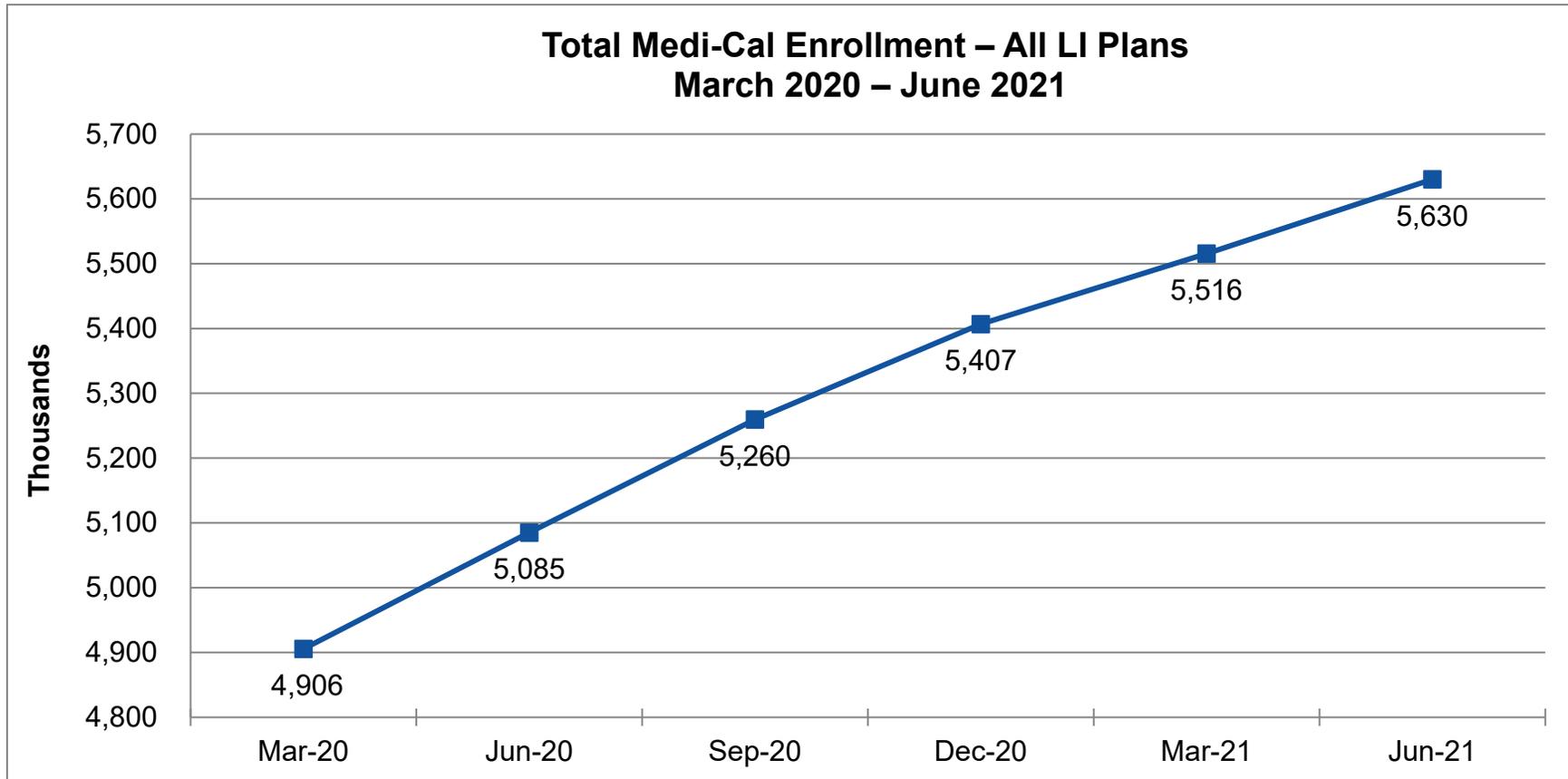
LI plans serve nearly 5.8 million enrollees in 13 counties in California. Total enrollment increased by 2.1% from the previous quarter with all LIs reporting an increase in enrollment. The table below lists total enrollment by line of business as of June 2021 for LI plans.

**Table 1
LI Enrollment at June 2021**

Local Initiative	Medi-Cal	Commercial	Medicare	Plan-to-Plan	Total Enrollment
Alameda Alliance	282,730	5,955	0	0	288,685
CalViva Health	385,467	0	0	0	385,467
Contra Costa Health Plan	206,650	7,464	0	0	214,114
IEHP	1,376,817	0	0	0	1,376,817
Kern Health Systems	289,309	0	0	0	289,309
L.A. Care Health Plan	2,279,569	148,313	0	0	2,427,882
San Francisco Health Plan	148,968	11,870	0	0	160,838
Santa Clara Family Health Plan	282,670	0	0	0	282,670
The Health Plan of San Joaquin	378,013	0	0	0	378,013
Total	5,630,193	173,602	0	0	5,803,795

Chart 1 illustrates the MCMC Medi-Cal enrollment trend in LIs over the last six quarters by comparing quarter-over-quarter data.

Chart 1



Medi-Cal enrollment in LIs increased from March 2020 to June 2021. L.A. Care Health Plan, the largest LI plan with 2.4 million enrollees, had a 2% increase in Medi-Cal enrollment over the last quarter. Overall, the LI plans Medi-Cal enrollment increased by almost 114,000 from March 2021 to June 2021.

Table 2 shows Medi-Cal Enrollment for LI plans over the past six quarters.

Table 2
LI Medi-Cal Enrollment by Quarter

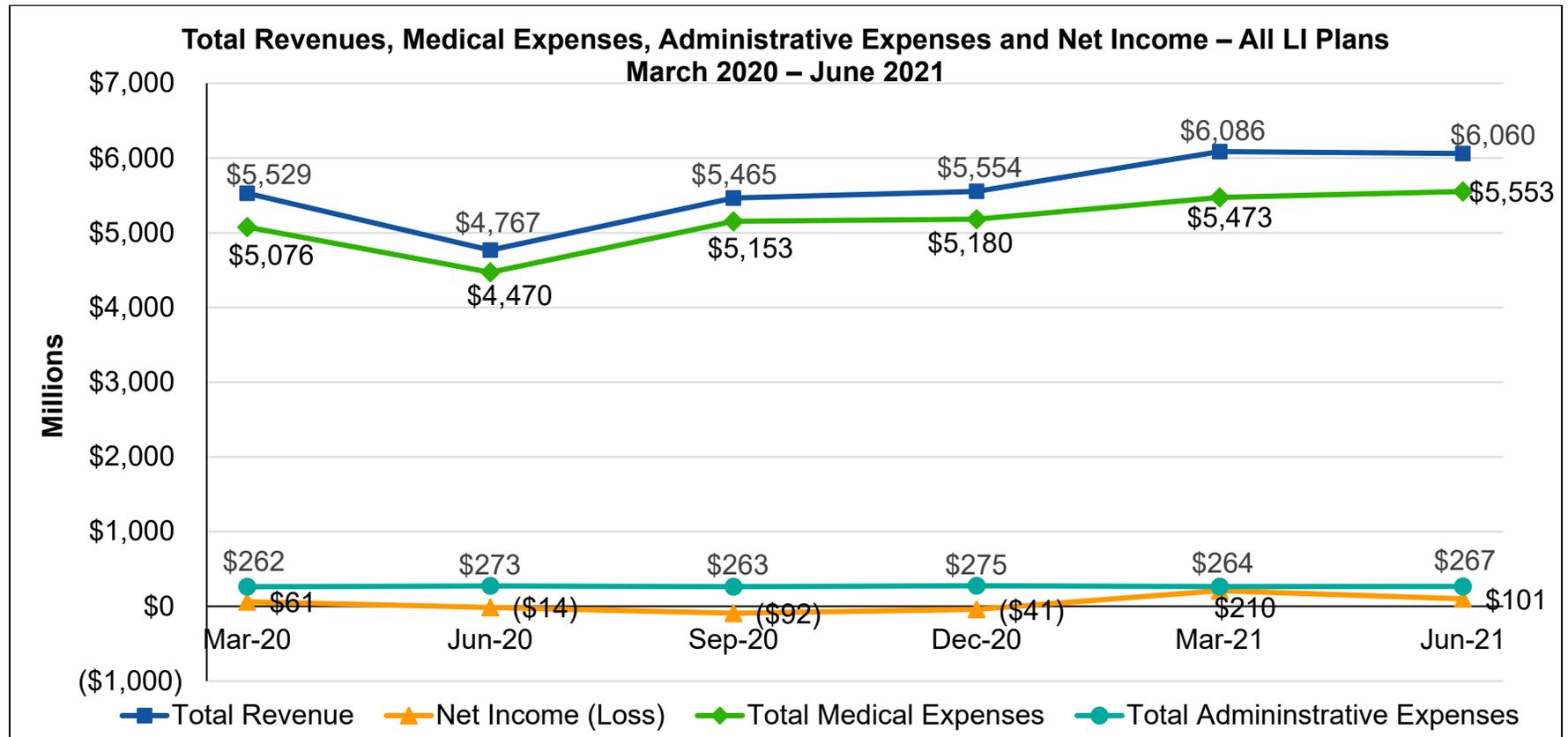
Local Initiative	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
Alameda Alliance	241,577	250,552	261,439	269,770	275,771	282,730
CalViva Health	347,090	358,004	368,417	374,982	380,179	385,467
Contra Costa Health Plan	172200	179,599	186,988	194,255	200,572	206,650
IEHP	1,207,521	1,249,368	1,294,668	1,326,955	1,350,143	1,376,817
Kern Health Systems	251,552	259,592	264,749	277,452	282,972	289,309
L.A. Care Health Plan	1985202	2,057,198	2,131,808	2,189,176	2,234,867	2,279,569
San Francisco Health Plan	124547	129,276	135,217	139,004	143,547	148,968
Santa Clara Family Health Plan	241,830	253,875	262,680	271,107	276,842	282,670
The Health Plan of San Joaquin	334,005	347,506	353,620	364,077	370,698	378,013
Total Medi-Cal Enrollment	4,905,524	5,084,970	5,259,586	5,406,778	5,515,591	5,630,193

All LI plans reported an increase in Medi-Cal enrollment over the past six quarters.

C. Financial Trends - LI

Chart 2 illustrates total revenue, medical expenses, administrative expenses and net income³ for the LIs over six quarters. There was a slight increase in medical expenses for the quarter ending (QE) June 2021 and this trend continued since December 2020. The increase in medical expenses is attributed to the increase in utilization of services.

Chart 2



³ Net income is the excess or deficiency of total revenues over total expenses adjusted for taxes.

Medical Expense Ratio – LI

Table 3 shows the medical expense ratio for LI plans over the past six quarters. Medical expense ratio is the percentage of premium revenue spent on the provision of medical services. The medical expense ratio fluctuates from quarter to quarter due to changes in utilization and cost of medical services.

**Table 3
LI Medical Expense Ratio by Quarter**

Local Initiative	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
Alameda Alliance	92.68%	87.62%	97.29%	98.59%	91.82%	93.50%
CalViva Health	82.64%	84.19%	87.04%	84.32%	86.03%	83.79%
Contra Costa Health Plan	97.70%	94.22%	96.61%	96.06%	93.77%	97.16%
IEHP	92.55%	95.85%	92.98%	93.55%	91.58%	89.58%
Kern Health Systems	85.93%	83.54%	78.32%	84.46%	88.19%	86.40%
L.A. Care Health Plan	92.27%	96.01%	98.48%	93.96%	89.51%	93.26%
San Francisco Health Plan	93.55%	94.09%	91.40%	94.40%	87.89%	88.50%
Santa Clara Family Health Plan	93.15%	92.47%	92.67%	97.89%	91.48%	87.33%
The Health Plan of San Joaquin	96.27%	95.81%	88.02%	96.80%	85.99%	102.51%

Administrative Cost Ratio – LI

Table 4 shows the administrative cost ratio for LI plans over the past six quarters. Administrative cost ratio is the percentage of revenues spent on administrative expenses. The majority of LIs reported administrative cost ratio below 5%.

Table 4
LI Administrative Cost Ratio by Quarter

Local Initiative	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
Alameda Alliance	5.80%	9.50%	5.92%	5.52%	5.33%	3.32%
CalViva Health	2.59%	4.07%	3.39%	4.26%	3.18%	3.48%
Contra Costa Health Plan	2.46%	2.25%	2.39%	2.67%	2.88%	1.42%
IEHP	4.04%	6.41%	4.12%	4.88%	4.07%	4.52%
Kern Health Systems	4.51%	5.09%	6.34%	4.80%	3.28%	4.15%
L.A. Care Health Plan	5.36%	5.43%	5.22%	5.00%	4.50%	4.61%
San Francisco Health Plan	9.12%	10.15%	10.02%	9.20%	9.63%	9.16%
Santa Clara Family Health Plan	5.57%	6.66%	5.60%	5.80%	4.94%	4.91%
The Health Plan of San Joaquin	5.11%	4.23%	4.26%	4.21%	4.36%	4.27%

Profit or Net Income Ratio – LI

Table 5 shows the profit ratio for LI plans over the past six quarters. Profit ratio measures the percentage of total revenue that turned into net income. The majority of LIs showed a profit for the QE June 2021.

**Table 5
LI Profit Ratio by Quarter**

Local Initiative	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
Alameda Alliance	1.52%	2.88%	(3.21%)	(4.12%)	2.85%	3.18%
CalViva Health	7.22%	0.68%	(0.07%)	(0.01%)	1.57%	1.95%
Contra Costa Health Plan	(0.16%)	3.53%	1.00%	1.27%	3.34%	1.42%
IEHP	0.81%	3.68%	0.26%	(1.02%)	1.93%	3.49%
Kern Health Systems	0.49%	2.20%	1.58%	1.14%	1.55%	1.12%
L.A. Care Health Plan	0.79%	(3.03%)	(5.52%)	(0.64%)	4.38%	0.56%
San Francisco Health Plan	(2.67%)	(4.24%)	(1.42%)	(0.44%)	2.48%	2.33%
Santa Clara Family Health Plan	1.27%	0.87%	1.74%	(0.20%)	3.58%	7.76%
The Health Plan of San Joaquin	(1.39%)	(0.04%)	7.72%	(2.10%)	9.65%	(6.78%)

Net Income – LI

Table 6 shows the net income for LI plans over the past six quarters. Net income or loss is directly related to premium revenue and medical expenses. For the QE June 2021, all LI plans reported positive net income except Health Plan of San Joaquin.

Table 6
LI Net Income by Quarter (in thousands)

Local Initiative	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
Alameda Alliance	\$3,729	\$6,735	(\$8,022)	(\$10,665)	\$8,095	\$9,006
CalViva Health	\$31,778	\$2,049	(\$277)	(\$15)	\$6,404	\$6,770
Contra Costa Health Plan	(\$374)	\$8,457	\$3,156	\$3,108	\$9,883	\$4,502
IEHP	\$12,460	\$32,637	\$3,658	(\$14,724)	\$29,921	\$54,986
Kern Health Systems	\$1,277	\$5,699	\$3,076	\$3,169	\$5,936	\$3,603
L.A. Care Health Plan	\$16,610	(\$64,328)	(\$55,659)	(\$14,239)	\$103,818	\$13,470
San Francisco Health Plan	(\$4,339)	\$8,792	(\$2,127)	(\$682)	\$4,112	\$4,129
Santa Clara Family Health Plan	\$3,565	\$2,416	\$5,390	(\$621)	\$11,650	\$25,368
The Health Plan of San Joaquin	(\$3,818)	(\$101)	\$21,911	(\$6,213)	\$29,693	(\$21,153)
Total LI Net Income	\$60,887	(\$15,229)	(\$28,894)	(\$40,883)	209,513	\$100,681

Tangible Net Equity – LI

Health plans must meet the TNE reserve requirement described in California Code of Regulations, title 28, section 1300.76. TNE is defined as a health plan’s total assets minus total liabilities reduced by the value of intangible assets (i.e., goodwill,⁴ organizational or start-up costs, etc.) and unsecured obligations of officers, directors, owners, or affiliates outside the normal course of business. Any debt that is properly subordinated⁵ may be added to the TNE calculation, which serves to increase the plan’s TNE. All LIs had TNE that exceeded the regulatory requirements.

**Table 7
LI Percentage TNE by Quarter**

Local Initiative	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
Alameda Alliance	607%	645%	605%	554%	564%	560%
CalViva Health	734%	746%	711%	679%	735%	756%
Contra Costa Health Plan	486%	555%	564%	579%	648%	633%
IEHP	520%	589%	600%	607%	625%	574%
Kern Health Systems	442%	439%	455%	587%	538%	517%
L.A. Care Health Plan	805%	722%	661%	597%	651%	654%
San Francisco Health Plan	737%	612%	616%	612%	670%	743%
Santa Clara Family Health Plan	636%	644%	639%	625%	644%	707%
The Health Plan of San Joaquin	760%	749%	810%	795%	864%	779%

⁴ “Goodwill” is an intangible asset that arises as a result of the acquisition of one company by another for a premium value.

⁵ “Subordinated debt” is a loan that ranks below other loans with regard to claims on assets or earnings. In the case of default, creditors with subordinated debt are not paid until after the other creditors are paid in full.

The Department's minimum requirement for TNE reserves is 100% of required TNE. If a health plan's TNE falls below 130%, then the health plan must file monthly financial statements with the Department. If a health plan reports a TNE deficiency (TNE below 100%), then the Department may take enforcement action against the plan.

The average TNE for LI plans overall was stable in 2020, and the trend continued in 2021. For June 2021, the reported TNE ranged from 517% to 779% of required TNE.

Cash Flow from Operations

Cash flow from operations measures the amount of cash generated by a plan's normal business operations. This is important, because it indicates whether a company is able to generate sufficient positive cash flow to maintain and grow operations.

The cash flow from operations totaled negative \$171 million in June 2021 compared to positive \$749 million in March 2021. The variation in cash flow from operations is attributed to the timing of Medi-Cal premium revenue paid by DHCS and Medi-Cal rate adjustments.

Claims

Pursuant to the Knox-Keene Act, full service health plans are required to process 95 percent of their claims within 45 working days. A health plan is required to submit to the Department, on a quarterly basis, a claims settlement practice report if the plan fails to process 95 percent of its claims timely and/or the plan identifies any emerging patterns of claims payment deficiencies. For QE June 30, 2021, Contra Costa Health Plan failed to process 95 percent of their claims within 45 working days and submitted corrective action plans outlining measures they are taking to comply with the regulations.

IV. County Organized Health Systems (COHS)

A. Highlights

- Six COHS plans currently serve 22 counties. COHS plans and the counties in which they provide services are:
 - Orange County Health Authority (CalOptima) - Orange
 - Partnership HealthPlan of California (Partnership HealthPlan) - Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, and Yolo
 - Santa Barbara Regional Health Authority (CenCal Health) - Santa Barbara and San Luis Obispo
 - Santa Cruz-Monterey-Merced Managed Medical Care Commission (Central California Alliance for Health) - Merced, Monterey, and Santa Cruz
 - San Mateo Health Commission (Health Plan of San Mateo) - San Mateo
 - Gold Coast Health Plan (Gold Coast) - Ventura
- Medi-Cal beneficiaries in COHS counties have only one Medi-Cal plan option.
- While California law exempts COHS plans from Knox-Keene licensure for Medi-Cal, COHS plans must have a Knox-Keene license for other lines of business.
 - Health Plan of San Mateo has voluntarily included its Medi-Cal enrollment under its Knox-Keene license.
 - CalOptima, CenCal Health, and Partnership HealthPlan have Knox-Keene licenses for other lines of business such as Medicare Advantage, IHSS, Healthy Kids, and Program of All Inclusive Care for the Elderly (PACE).
 - Central California Alliance for Health has filed an application to include its Medi-Cal business under its Knox-Keene license.
 - Gold Coast has only a Medi-Cal line of business and no Knox-Keene license. Therefore, this report does not include information for Gold Coast.

- Enrolled beneficiaries either choose their health care provider or are assigned one from among COHS plan contracted providers.
- COHS plans reported Medi-Cal enrollment of 2.2 million individuals as of June 2021, an increase of 2% from March 2021.
- Medical expense ratio fluctuated from quarter to quarter. The medical expense ratio ranged from 72.25% to 89.98%
- The majority of COHS reported administrative cost ratio below 5%. The administrative cost ratio ranged 3.73% to 5.89%
- COHS plans reported a combined net income of \$362 million in June 2021, compared to a net income of \$24 million for March 2021.
- COHS plans reported TNE ranging from 510% to 1298% of required TNE.
- COHS plans reported \$194 million in cash flow from operations in June 2021. This is a significant change from March 2021 when COHS plans reported cash flow from operations of \$518 million. The variation in cash flow from operations is attributed to the timing of Medi-Cal premium payments by DHCS and Medi-Cal rate adjustments.

B. Enrollment Trends - COHS

COHS plans reported enrollment of nearly 2.16 million, an increase of 2% compared to March 2021. All COHS plans experienced enrollment growth from March 2021 to June 2021. The table below lists total enrollment by line of business as of June 2021 for COHS plans. CalOptima and Partnership HealthPlan reported the highest enrollment numbers.

**Table 8
COHS Enrollment at June 2021**

COHS	Medi-Cal	Commercial	Medicare	Plan to Plan	Total Enrollment
CalOptima	839,909	0	2,332	0	842,241
CenCal Health	202,929	0	0	0	202,929
Central California Alliance for Health	377,156	501	0	0	377,657
Health Plan of San Mateo	127,662	1,228	0	0	128,890
Partnership HealthPlan	608,597	0	0	0	608,597
Total	2,156,253	1,729	2,332	0	2,160,314

Chart 3 illustrates the Medi-Cal managed care enrollment trend in COHS plans. Similar to LI plans, COHS plans reported an increase in enrollment from March 2020 through June 2021. Medi-Cal enrollment in COHS plans increased by 2% in June 2021 compared to the previous quarter.

Chart 3

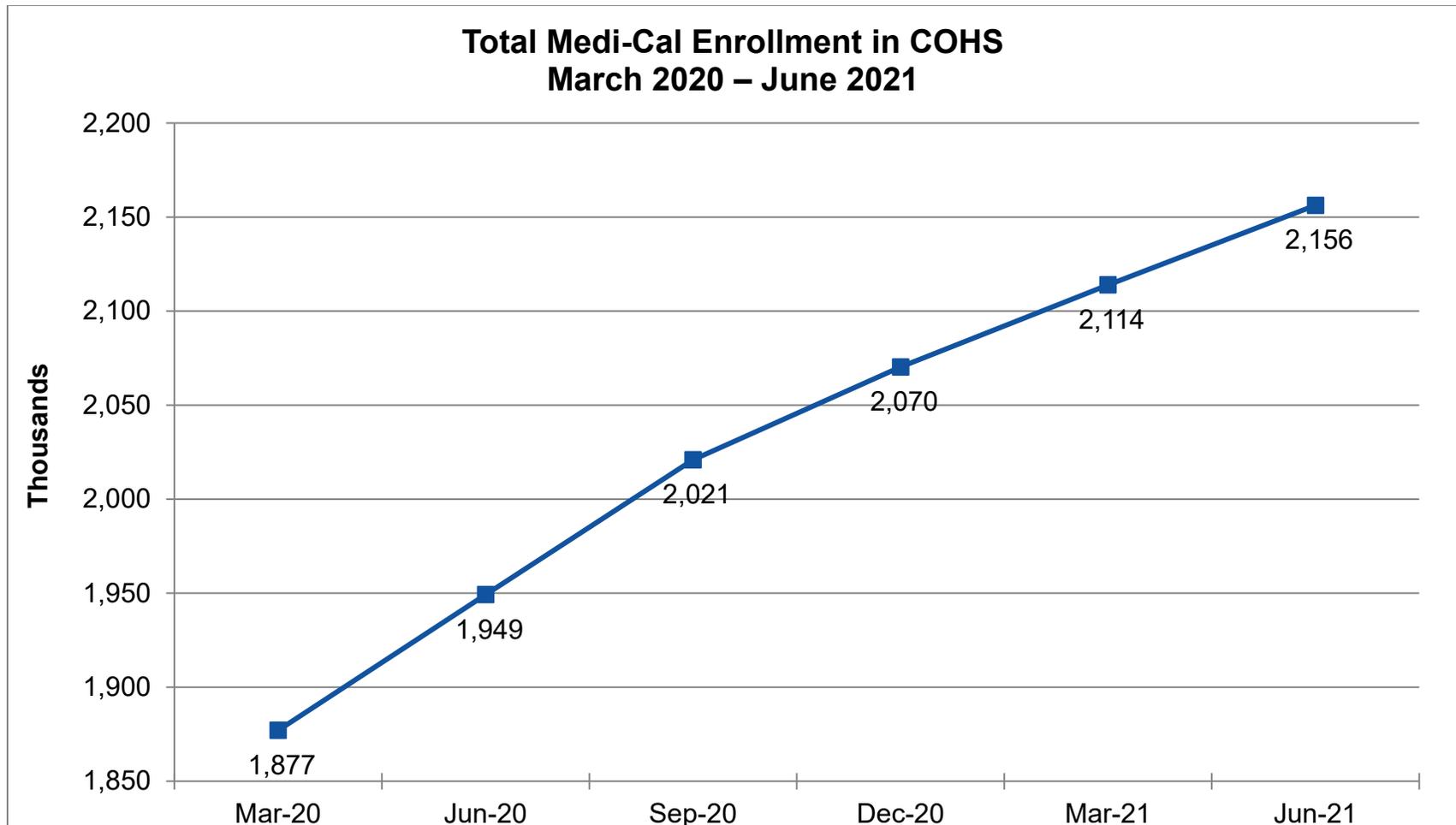


Table 9 shows the Medi-Cal enrollment for the five COHS plans over the past six quarters.

**Table 9
COHS Medi-Cal Enrollment by Quarter**

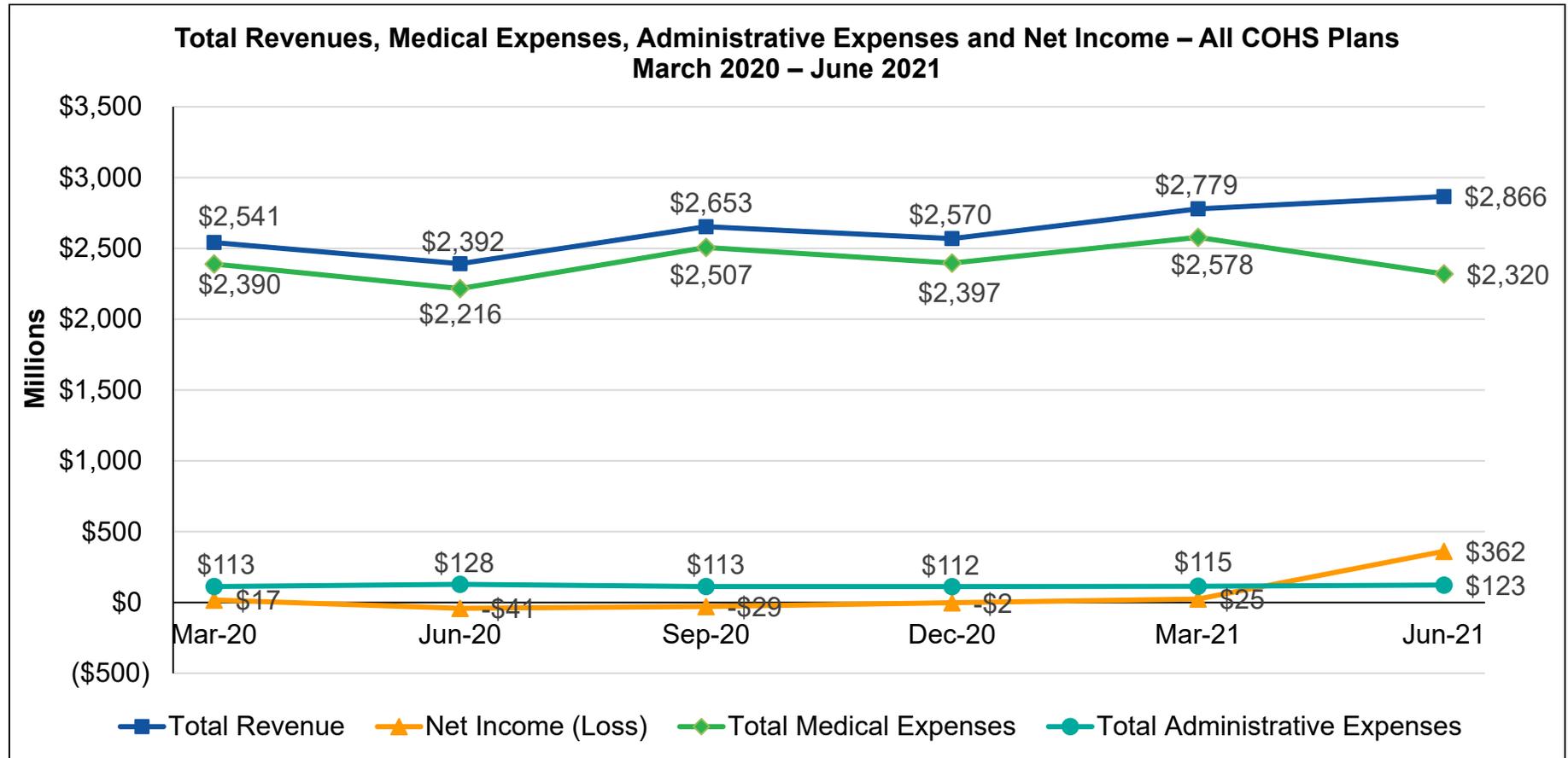
COHS	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
CalOptima	727,385	757,127	785,946	806,287	824,266	839,909
CenCal Health	175,410	181,926	189,632	193,624	197,162	202,929
Central California Alliance for Health	335,927	347,152	357,718	364,688	371,309	377,156
Health Plan of San Mateo	108,368	113,299	118,239	121,811	124,996	127,662
Partnership HealthPlan	529,967	549,727	569,392	583,912	596,201	608,597
Total Medi-Cal Enrollment	1,877,057	1,949,231	2,020,927	2,070,322	2,113,934	2,156,253

All COHS plans reported increases in their Medi-Cal enrollment for the past six quarters.

C. Financial Trends - COHS

Chart 4 illustrates total revenue, medical expenses, administrative expenses and net income for COHS plans compared to the last six quarters. Unlike LI plans, COHS plans' medical expenses decreased, and revenue and net income increased in June 2021.

Chart 4



Medical Expense Ratio – COHS

Table 10 shows the medical expense ratio for COHS plans over the past six quarters. The medical expense ratio fluctuates from quarter to quarter.

**Table 10
COHS Medical Expense Ratio by Quarter**

COHS	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
CalOptima	93.55%	91.04%	96.63%	95.58%	95.68%	72.25%
CenCal Health	95.12%	87.83%	90.23%	93.10%	92.20%	89.39%
Central California Alliance for Health	94.46%	100.24%	95.41%	90.49%	88.46%	83.92%
Health Plan of San Mateo	91.38%	101.31%	91.96%	90.13%	93.01%	89.98%
Partnership HealthPlan	95.07%	91.12%	93.51%	92.77%	91.03%	85.52%

Administrative Cost Ratio – COHS

Table 11 shows the administrative cost ratio for COHS plans over the past six quarters.

**Table 11
COHS Administrative Cost Ratio by Quarter**

COHS	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
CalOptima	3.35%	4.61%	3.24%	3.51%	3.23%	3.73%
CenCal Health	5.14%	6.47%	4.81%	4.97%	4.70%	5.06%
Central California Alliance for Health	7.54%	7.75%	6.92%	7.29%	6.04%	5.89%
Health Plan of San Mateo	5.27%	7.16%	5.10%	4.24%	5.15%	4.76%
Partnership HealthPlan	4.13%	4.51%	3.93%	3.96%	3.93%	3.87%

Profit or Net Income Ratio – COHS

Table 12 shows the profit ratio for COHS plans over the past six quarters. The majority of COHS reported profits for the QE June 2021.

**Table 12
COHS Profit Ratio by Quarter**

COHS	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
CalOptima	3.11%	4.35%	0.13%	0.90%	1.10%	24.02%
CenCal Health	(0.26%)	(7.33%)	(1.21%)	(4.74%)	(3.08%)	(0.57%)
Central California Alliance for Health	(1.99%)	(7.98%)	(2.33%)	2.22%	5.50%	10.19%
Health Plan of San Mateo	(5.46%)	(3.15%)	(0.53%)	2.16%	(1.48%)	2.06%
Partnership HealthPlan	0.80%	(4.49%)	(2.31%)	(1.46%)	0.47%	6.15%

Net Income - COHS

Table 13 shows the net income for COHS plans over the past five quarters. All COHS plans, except CenCal Health, reported positive net income for the QE June 2021.

**Table 13
COHS Net Income by Quarter (in thousands)**

COHS	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
CalOptima	\$31,607	\$40,101	\$1,383	\$8,500	\$11,703	\$266,419
CenCal Health	(\$580)	(\$16,494)	(\$3,241)	(\$11,710)	(\$8,210)	(\$1,545)
Central California Alliance for Health	(\$6,479)	(\$25,337)	(7,922)	\$7,737	\$20,857	\$39,929
Health Plan of San Mateo	(\$13,192)	(\$5,465)	(\$1,351)	\$5,259	(\$3,682)	\$5,307
Partnership HealthPlan	\$5,897	(\$33,888)	(\$17,575)	(\$11,554)	\$3,856	\$51,533
Total COHS Net Income	\$17,254	(\$41,083)	(\$28,706)	(\$1,768)	\$24,523	\$361,643

Tangible Net Equity - COHS

All COHS plans reported over 500% of required TNE for June 2021. TNE to required TNE ranged from 510% to 1,298%. CenCal Health and Health Plan of San Mateo reported declining TNE for the last five quarters. Even with the declining TNE, both plans maintained sufficient reserves.

**Table 14
COHS Percentage of TNE by Quarter**

COHS	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-20	QE Jun-21
CalOptima	974%	1018%	1002%	1008%	1008%	1298%
CenCal Health	656%	613%	614%	572%	544%	510%
Central California Alliance for Health	820%	765%	745%	763%	890%	949%
Health Plan of San Mateo	993%	1041%	1007%	872%	857%	826%
Partnership HealthPlan	651%	604%	571%	555%	553%	601%

Cash Flow from Operations

COHS plans reported negative \$194 million in cash flow from operations in June 2021. Similar to LIs, COHS plans' variation in cash flow from operations is attributed to the timing of Medi-Cal premium revenue paid by DHCS and Medi-Cal rate adjustments.

Claims

Pursuant to the Knox-Keene Act, full service health plans are required to process 95% of their claims within 45 working days. For the QE June 30, 2021, COHS plans did not report any claims processing or emerging claims payment deficiencies.

V. Non-Governmental Medi-Cal Plans

A. Highlights

- For the purposes of this report, Non-Governmental Medi-Cal (NGM) plans are health plans with greater than 50% Medi-Cal enrollment, that are neither a LI nor a COHS plan.
- Aetna Better Health of California, Inc. (Aetna Better Health) and UnitedHealthcare Community Plan of California, Inc. (UnitedHealthcare Community Plan) commenced their operations in December 2017.
- Eight NGM plans currently serve 37 counties. NGM plans and the counties in which they provide services are:
 - Aetna Better Health – Sacramento and San Diego.
 - Blue Cross of California Partnership Plan, Inc. – Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Inyo, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, Santa Clara, Sierra, Sutter Tehama, Tulare, Tuolumne, Yuba.
 - Blue Shield of California Promise Health Plan – Los Angeles and San Diego.
 - California Health and Wellness Plan (California Health and Wellness) – Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba.
 - Community Health Group – San Diego.
 - Health Net Community Solutions, Inc. (Health Net Community Solutions) – Fresno, Kern, Kings, Los Angeles, Madera, Sacramento, San Diego, San Joaquin, Stanislaus, and Tulare.
 - Molina Healthcare of California (Molina) – Imperial, Los Angeles, Sacramento, Riverside, San Bernardino, and San Diego.
 - UnitedHealthcare Community Plan – San Diego
- The structure among NGM plans varies in the following ways:

- Aetna Better Health is a for-profit wholly owned subsidiary of Aetna Health Holdings, LLC, whose ultimate parent is CVS Health Corporation (CVS Health). On November 28, 2018, CVS Health acquired Aetna Inc. and at that date became Aetna Better Health's ultimate parent.
- Blue Cross of California Partnership Plan, Inc. is a for-profit wholly owned subsidiary of WellPoint Services, Services, Inc., which is subsidiary of Anthem, Inc., a publicly traded company. Blue Cross of California Partnership Plan paid dividend of \$75 million in 2020 its parent company. No dividend distribution was made for the first half of 2021.
- Blue Shield of California Promise Health Plan is a not-for-profit health plan owned by California Physicians' Services (Blue Shield of California).
- California Health and Wellness is a for-profit wholly owned subsidiary of Centene Corporation (Centene), a publicly traded company.
- Community Health Group is a not-for-profit health plan.
- Health Net Community Solutions is a for-profit wholly owned subsidiary of Health Net, Inc., which is a subsidiary of Centene, a publicly traded company. Health Net Community Solutions paid dividends of \$250 million in 2020 and \$400 million for the first half of 2021 to its parent company.
- Molina is a for-profit wholly owned subsidiary of Molina Healthcare, Inc., a publicly traded company. Molina paid dividends of \$100 million in 2020 to its parent company. No dividend distribution was made for first half of 2021.
- UnitedHealthcare Community Plan is a for-profit wholly owned subsidiary of United HealthCare Services, Inc., which is subsidiary of UnitedHealth Group, a publicly traded company.
- Kaiser Permanente serves another 162,000 Medi-Cal enrollees. Enrollment information for Kaiser Permanente is included in this report. However, financial solvency indicators are not included since the Medi-Cal enrollment reported by the plan represents less than 50% of their total enrollment. Its financial solvency is significantly impacted by other lines of business including commercial and Medicare. Kaiser Permanente is financially healthy.
- NGM plans provide and administer health care services to Medi-Cal beneficiaries either as a direct contractor to DHCS, or as subcontractors to other health plans that contract with DHCS. For example, L.A. Care Health Plan has subcontracted with both Blue Shield of California Promise Health Plan and Molina in Los Angeles County.

- NGM plans' Medi-Cal enrollment increased 2% from March 2021 to June 2021.
- Similar to COHS plan, medical expense ratio for NGM plans fluctuated from quarter to quarter. The medical expense ratio ranged from 72.95% to 103.93%
- NGM plans reported a net income of \$252 million in June 2021, which was higher than the net income of \$203 million reported in March 2021.
- Tangible net equity for NGM plans ranged from 118% to 802% of required TNE in June 2021.
- NGM plans reported \$167 million in cash flow from operations in June 2021. This is a significant change from March 2021 when NGM plans reported negative cash flow from operations of \$980 million. The variation in cash flow from operations is attributed to the timing of Medi-Cal premium revenue paid by DHCS and Medi-Cal rate adjustments.

B. Enrollment Trends - Non-Governmental Medi-Cal Plans

All NGM plans reported an increase in total enrollment for June 2021 compared to March 2021. The table below lists total enrollment by line of business as of June 2021 for NGM plans.

**Table 15
NGM Enrollment at June 2021**

Non-Governmental Medi-Cal Plans	Medi-Cal	Commercial	Medicare	Plan-to-Plan⁶	Other⁷	Total
Aetna Better Health	36,854	0	24,445	0	0	61,299
Blue Cross of California Partnership Plan, Inc.	843,954	0	4,040	0	0	843,954
Blue Shield of California Promise Health Plan	113,134	0	0	335,884	0	449,018
California Health and Wellness	215,283	0	0	0	0	215,283
Community Health Group	292,055	0	0	0	0	292,055
Health Net Community Solutions	1,468,258	0	19,474	393,819	0	1,881,551
Molina	470,796	57,678	2,506	86,209	0	617,189
UnitedHealthcare Community Plan	23,673	0	1,509	0	0	25,182
Total Enrollment in NGMs	3,464,007	57,678	51,974	815,912	0	4,389,571
Kaiser Permanente	162,207	6,990,555	1,278,717	621,763	259,011	9,312,253
Grand Total	3,626,214	7,048,233	1,330,691	1,437,675	259,011	13,701,824

⁶ The Plan-to-Plan enrollment is received through subcontracting arrangements with other Medi-Cal managed care plans

⁷ Other includes out-of-state lines of business

Chart 5 illustrates the MCMC enrollment trend in NGM plans. This chart does not include the MCMC enrollment reported by Kaiser Permanente.

Chart 5

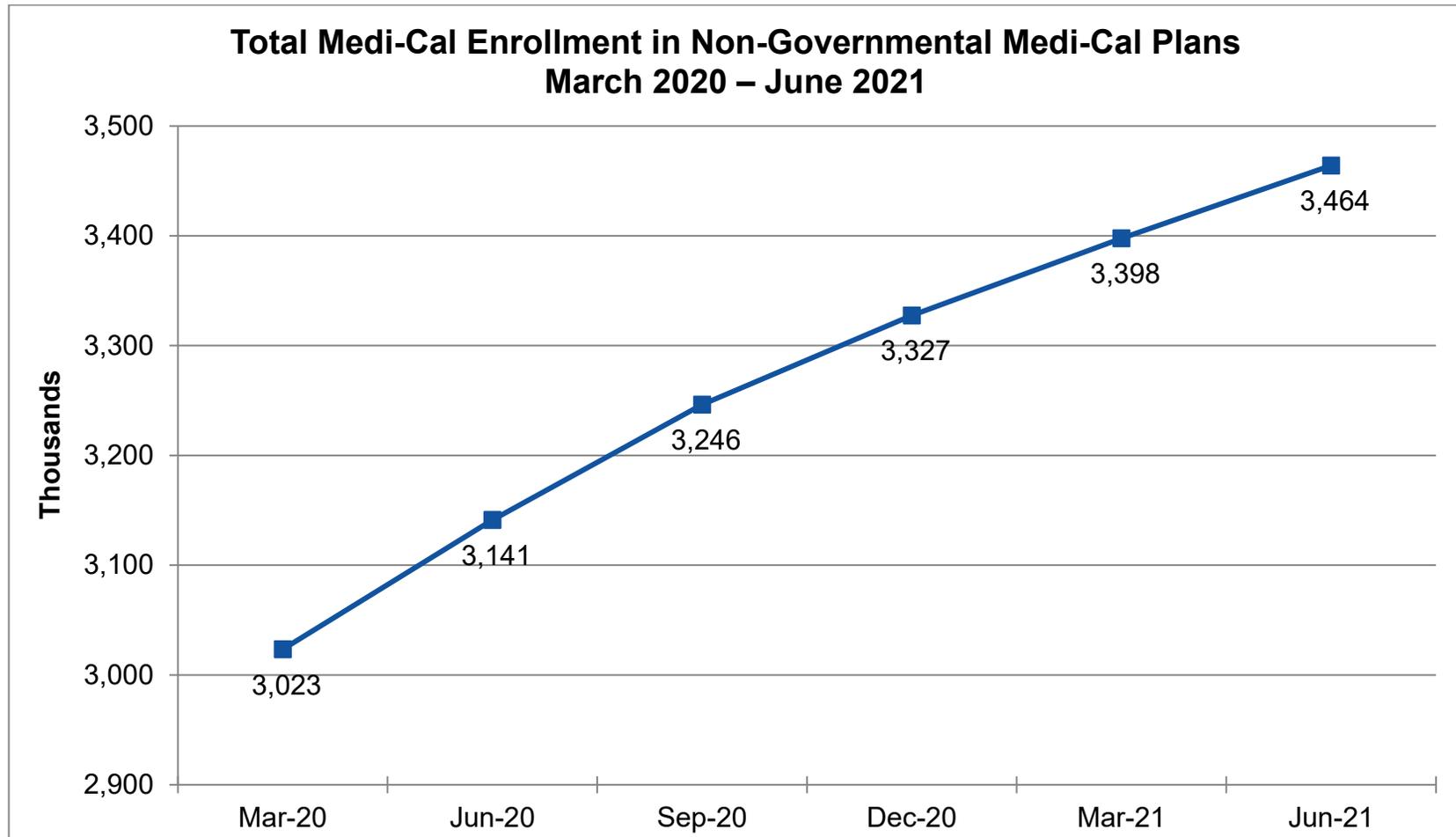


Table 16 shows the Medi-Cal enrollment for the NGM plans over the past six quarters. All NGM plans reported an increase in Medi-Cal enrollment in June 2021 compared to the prior five quarters.

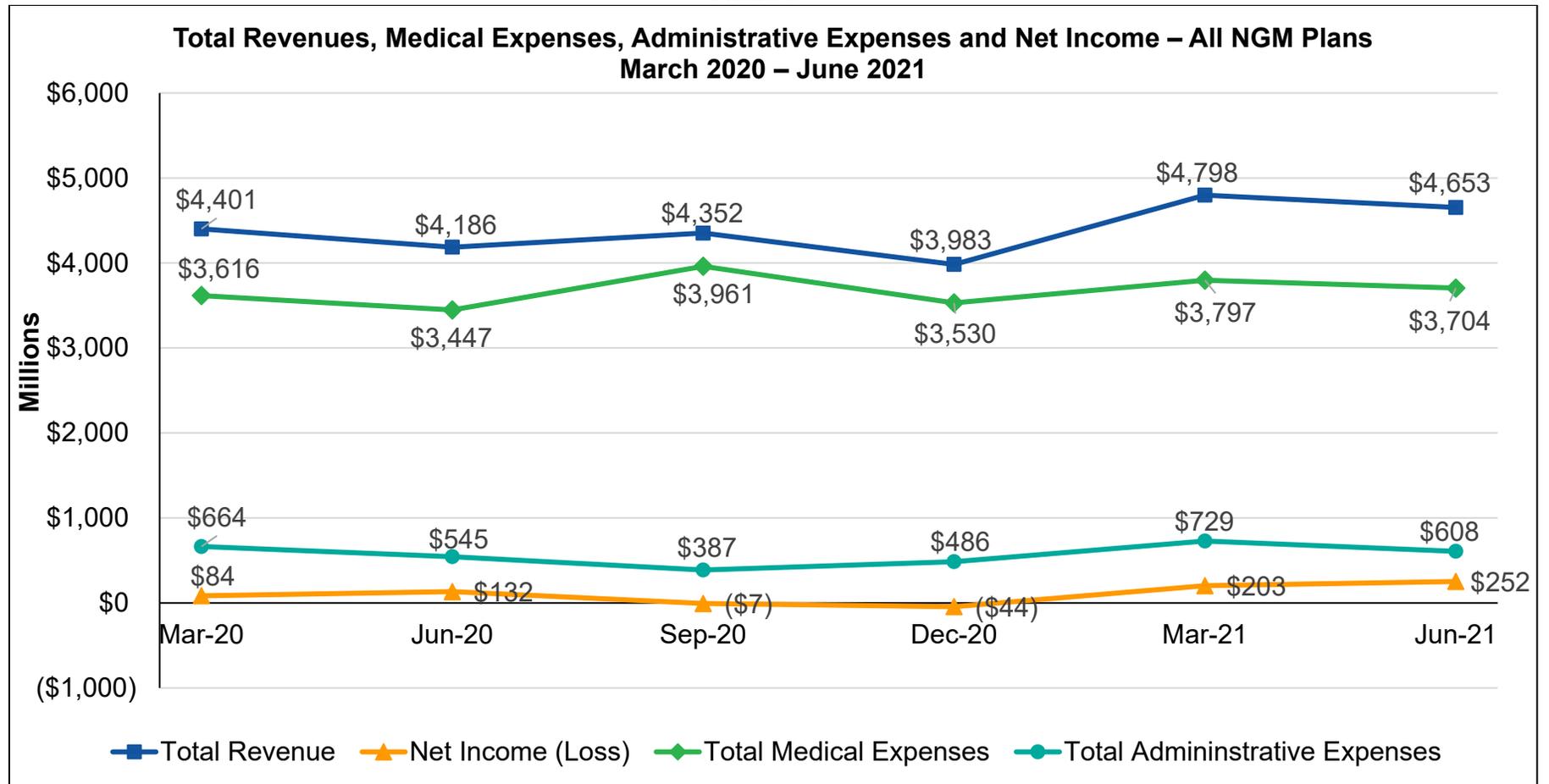
**Table 16
NGM Medi-Cal Enrollment by Quarter**

Non-Governmental Medi-Cal Plans	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
Aetna Better Health	20,882	23,590	27,044	30,071	34,020	36,854
Blue Cross of California Partnership Plan, Inc.	717,534	749,671	783,174	808,082	825,630	843,954
Blue Shield of California Promise Health Plan	83,804	89,610	97,442	103,414	108,631	113,134
California Health and Wellness	192,694	192,959	200,394	206,031	210,637	215,283
Community Health Group	244,402	254,093	270,534	276,672	284,535	292,055
Health Net Community Solutions	1,330,109	1,368,246	1,401,480	1,425,909	1,447,465	1,468,258
Molina	421,053	447,992	448,449	457,406	464,819	470,796
UnitedHealthcare Community Plan	12,894	14,993	17,754	19,851	21,973	23,673
Total Medi-Cal Enrollment	3,023,372	3,141,154	3,246,271	3,327,436	3,397,710	3,464,007

C. Financial Trends - Non-Governmental Medi-Cal Plans

Chart 6 shows total revenue, medical expense, administrative expenses and net income for NGM plans. Total revenue and medical expense decreased slightly from the previous quarter. This chart does not include the revenue, medical expenses, and net income reported by Kaiser Permanente.

Chart 6



Medical Expense Ratio – Non-Governmental Medi-Cal Plans

Table 17 shows the medical expense ratio for NGM plans over the past six quarters. The medical expense ratio fluctuates from quarter to quarter. The medical expense ratio ranged from 72.95% to 103.93% for June 2021.

**Table 17
NGM Medical Expense Ratio by Quarter**

Non-Governmental Medi-Cal Plans	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
Aetna Better Health	95.96%	109.43%	78.97%	109.35%	79.59%	88.19%
Blue Cross of California Partnership Plan, Inc.	85.75%	90.17%	92.01%	78.01%	82.77%	79.97%
Blue Shield of California Promise Health Plan	96.39%	97.18%	90.13%	91.83%	89.28%	98.42%
California Health and Wellness	72.27%	81.66%	93.15%	84.39%	76.79%	74.32%
Community Health Group	91.92%	101.28%	94.32%	88.68%	100.16%	103.93%
Health Net Community Solutions	76.88%	73.76%	93.15%	87.95%	72.95%	72.95%
Molina	82.81%	78.80%	82.64%	101.32%	83.43%	78.33%
UnitedHealthcare Community Plan	53.53%	64.85%	77.22%	112.87%	73.31%	74.22%

Administrative Cost Ratio – Non-Governmental Medi-Cal Plans

Table 18 shows the administrative cost ratio for NGM plans over the past six quarters.

**Table 18
NGM Administrative Cost Ratio by Quarter**

Non-Governmental Medi-Cal Plans	QE Mar-20	QE Jun-20	QE Jun-20	QE Dec-20	QE Mar-21	QE Jun-21
Aetna Better Health	12.32%	11.36%	11.78%	10.54%	10.02%	10.85%
Blue Cross of California Partnership Plan, Inc.	11.57%	3.95%	15.90%	14.24%	11.12%	11.76%
Blue Shield of California Promise Health Plan	11.09%	2.81%	7.88%	8.85%	8.86%	7.09%
California Health and Wellness	30.10%	31.15%	12.25%	20.59%	32.96%	30.30%
Community Health Group	4.36%	4.34%	4.16%	4.24%	4.24%	3.91%
Health Net Community Solutions	17.97%	18.20%	6.01%	11.82%	18.19%	15.46%
Molina	10.70%	11.28%	12.93%	15.69%	9.45%	8.37%
UnitedHealthcare Community Plan	13.45%	18.29%	15.09%	22.26%	16.41%	15.47%

Profit or Net Income Ratio – Non-Governmental Medi-Cal Plans

Table 19 shows the administrative cost ratio for NGM plans over the past six quarters. The majority of NGM plans reported a profit for the QE June 2021.

**Table 19
NGM Profit Ratio by Quarter**

Non-Governmental Medi-Cal Plans	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
Aetna Better Health	(6.18%)	(15.91%)	7.16%	(15.40%)	8.10%	1.11%
Blue Cross of California Partnership Plan, Inc.	1.47%	3.85%	(6.09%)	5.11%	4.41%	5.96%
Blue Shield of California Promise Health Plan	(5.40%)	0.01%	1.54%	(1.87%)	1.29%	(4.13%)
California Health and Wellness	(2.22%)	(10.20%)	(4.54%)	(4.14%)	(7.45%)	(3.52%)
Community Health Group	3.72%	(5.63%)	1.52%	7.09%	(4.39%)	(7.84%)
Health Net Community Solutions	3.71%	5.91%	0.40%	(0.03%)	6.81%	8.90%
Molina	4.49%	7.02%	2.59%	(14.17%)	5.31%	9.91%
UnitedHealthcare Community Plan	24.28%	11.61%	5.40%	(26.12%)	7.47%	7.64%

Net Income - Non-Governmental Medi-Cal Plans

Table 20 shows the net income for NGM plans over the past six quarters. All NGM plans, except Blue Shield of California Promise Health Plan, California Health and Wellness, and Community Health Group, reported positive net income for the QE June 2021.

Table 20
NGM Net Income by Quarter (in thousands)

Non-Governmental Medi-Cal Plans	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
Aetna Better Health	(\$3,126)	(\$9,409)	\$4,225	(\$10,630)	\$8,668	\$1,271
Blue Cross of California Partnership Plan, Inc.	\$9,693	\$22,423	(\$38,401)	\$36,882	\$31,902	\$43,599
Blue Shield of California Promise Health Plan	(\$30,733)	\$68	\$8,927	(\$11,313)	\$5,444	(\$18,137)
California Health and Wellness	(\$5,624)	(\$23,100)	(\$9,412)	(\$8,046)	(\$23,150)	(\$8,569)
Community Health Group	\$8,771	(\$13,364)	\$3,702	\$19,047	(\$12,504)	(\$23,311)
Health Net Community Solutions	\$76,313	\$113,881	\$8,090	(\$420)	\$159,629	\$193,541
Molina	\$25,248	\$39,858	\$14,645	(\$65,840)	\$30,628	\$61,375
UnitedHealthcare Community Plan	\$3,486	\$1,919	\$1,110	(\$3,924)	\$2,148	\$2,356
Total Net Income	\$84,027	\$132,277	(\$7,115)	(\$44,244)	\$202,765	\$252,126

Tangible Net Equity - Non-Governmental Medi-Cal Plans

NGM plans' TNE to required TNE ranged from 118% to 802% for June 2021. TNE reported by most NGM plans is lower than LI and COHS plans. Some NGM plans pay dividends to parent companies or shareholders, thereby reducing the reserve levels. All health plans are required to maintain TNE levels of 100% or higher.

**Table 21
NGM Percentage of TNE by Quarter**

Non-Governmental Medi-Cal Plans	QE Mar-20	QE Jun-20	QE Sep-20	QE Dec-20	QE Mar-21	QE Jun-21
Aetna Better Health	375%	582%	590%	372%	415%	579%
Blue Cross of California Partnership Plan, Inc.	572%	657%	628%	608%	632%	673%
Blue Shield of California Promise Health Plan	741%	730%	752%	776%	808%	794%
California Health and Wellness	159%	105%	123%	183%	107%	118%
Community Health Group	1057%	974%	943%	1031%	794%	802%
Health Net Community Solutions	724%	787%	722%	682%	666%	620%
Molina	187%	232%	207%	98%	183%	279%
UnitedHealthcare Community Plan	1244%	812%	725%	499%	444%	427%

Cash Flow from Operations

NGM plans reported negative \$167 million in cash flow from operations in June 2021. NGM plans' cash flow from operations is primarily attributed to the Medi-Cal premium revenue paid by DHCS and/or capitation revenue from their plan-to-plan arrangements with plans directly contracted with DHCS.

Claims

Pursuant to the Knox-Keene Act, full service health plans are required to process 95% of their claims within 45 working days. For QE June 30, 2021, Blue Cross of California Partnership Plan, Inc. failed to process 95 percent of their claims within 45 working days and submitted corrective action plans outlining measures they are taking to comply with the regulations.

Conclusion

In 2020 and the first half of 2021, MCMC plans reported an increase in Medi-Cal enrollment largely due the suspension of the annual Medi-Cal redetermination requirement during the public health emergency. LI, COHS, and NGM plans reported a slight decrease in their medical expenses in the second quarter of 2020 compared to first quarter of 2020 because of the decrease in utilization of services due to the COVID-19 pandemic. In the second half of 2020 and first quarter of 2021, MCMC plans reported slight increases in their medical expenses due to an increase in members' utilization of services and increase in enrollment. The majority of the MCMC plans reported positive net income at the QE June 30, 2021.

The Medi-Cal managed care plans continue to meet or significantly exceed the minimum TNE requirement. The DMHC will continue to monitor the enrollment trends and financial solvency of all Medi-Cal managed care plans.

Medi-Cal Managed Care Plans: Counties Served, Medi-Cal Enrollment and TNE

Appendix A – All LI Plan Counties Served, Medi-Cal Enrollment and TNE

Health Plan	Counties Served	Medi-Cal Enrollment	Total TNE to Required TNE (%)
Alameda Alliance	Alameda	282,730	560%
CalViva Health	Fresno, Kings, and Madera	385,467	756%
Contra Costa Health Plan	Contra Costa	206,650	633%
IEHP	Riverside and San Bernardino	1,376,817	574%
Kern Health Systems	Kern	289,309	517%
L.A. Care Health Plan	Los Angeles	2,279,569	654%
San Francisco Health Plan	San Francisco	148,968	743%
Santa Clara Family Health Plan	Santa Clara	282,670	707%
The Health Plan of San Joaquin	San Joaquin and Stanislaus	378,013	779%

Appendix B – All COHS Plan Counties Served, Medi-Cal Enrollment and TNE

Health Plan	Counties Served	Medi-Cal Enrollment	Total TNE to Required TNE (%)
CalOptima	Orange	839,909	1298%
CenCal Health	Santa Barbara and San Luis Obispo	202,929	510%
Central California Alliance for Health	Merced, Monterey, and Santa Cruz	377,156	949%
Health Plan of San Mateo	San Mateo	127,662	826%
Partnership HealthPlan	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, and Yolo	608,597	601%

Appendix C – All NGM Plan Counties Served, Medi-Cal Enrollment and TNE

Health Plan	Counties Served	Medi-Cal Enrollment	Total TNE to Required TNE (%)
Aetna Better Health	Sacramento and San Diego	36,854	579%
Blue Cross of California Partnership Plan, Inc.	Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Inyo, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, Santa Clara, Sierra, Sutter Tehama, Tulare, Tuolumne, and Yuba	843,954	673%
Blue Shield of California Promise Health Plan	Los Angeles and San Diego	113,134	794%
California Health and Wellness	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba	215,283	118%
Community Health Group	San Diego	292,055	802%
Health Net Community Solutions	Fresno, Kern, Kings, Los Angeles, Madera, Sacramento, San Diego, San Joaquin, Stanislaus, and Tulare	1,468,258	620%
Molina	Imperial, Los Angeles, Sacramento, Riverside, San Bernardino, and San Diego	470,796	279%
UnitedHealthcare Community Plan	San Diego	23,673	427%